

**STIRLING HYDRAULIC**

**Application for Credit**

6735-75 St. Edmonton, AB T6E 1T6 Phone 780-450-6111 Fax 780-450-8887

FIRM NAME: \_\_\_\_\_ ( ) Individual ( ) Partnership ( ) Corporation

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ GST Number \_\_\_\_\_

NAME OF PARENT CO. (If Subsidiary) \_\_\_\_\_ # YRS. IN BUSINESS: \_\_\_\_\_

**PROPRIETOR, PARTNERS OR OFFICERS**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

*\*INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT - Email for Invoice to be sent* \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ Phone \_\_\_\_\_

Amount of CREDIT REQUESTED: \_\_\_\_\_

**BANK REFERENCE**

NAME: \_\_\_\_\_ ACCT. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TRADE REFERENCES \* Please supply fax Numbers**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**CREDIT TERMS: NET 30 DAYS**

If you cannot meet these terms please indicate why. \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom the application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

COMPANY NAME: \_\_\_\_\_

Applicants' signature attests financial responsibility, ability and willingness of applicant to pay our invoices in accordance with terms stated below.

AUTHORIZED SIGNATURE: \_\_\_\_\_

Please print Name: \_\_\_\_\_

POSITION: \_\_\_\_\_ Date \_\_\_\_\_